Revision: HCFA-AT-8503 (BERR)

FEBRUARY 1985

SUPPLEMENT 11 TO ATTACHMENT 2.6-A

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	VERMONT

NOTE:

None of the following will render a person ineligible who would have been eligible, under the applicable cash assistance rules. All are effective January 1, 1989, unless otherwise noted.

The following applies to pregnant women and children under the age of 1 [at 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)] and to groups at 1902(a)(10)(A)(i)(III)(IV)(VI) and (VII) as they have been created in the law and 1903(f)(4) non-application of payment limitations applies.

- In determining adjusted earned income from a business, depreciation is deducted as a business expense as long as the resulting countable income of the Medicaid group to which he or she belongs does not exceed 185 percent of poverty (or other relevant level).
- In-kind assistance from others is excluded.

TN# 89-6 Supersedes TN# None

Approval 2/27/92

Date: 1/1/89

	FA-PM-91-8 ober 1991	(MB)	SUPPI Page OMB I		5 – A
State/Terri	tory:	VERMONT			
Citation		Condition	or Requ	uirement	
		FFECTIVENESS CONTINUATION			A
1902(u) of the Act	such pagency	ayments are : specifies th	likely t he guide	by the agency only if to be cost-effective. The elines used in determining g one of the following meth	cost nods:
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	Ano		fective	methodology as described	
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HCFA ID: 7985E

Ravision: HCFA-AT-85-3 (BERC) **RUARY 1985**

SUPPLEMENT 11a TO ATTACHMENT 2.6-A

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	Vermont	
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METHODOLOGIES FOR TREATMENT OF INCOME

The following items were formerly included as supplement 5, effective 13/1/87 and approved 1/25/88 (SPA 87-16)

SSI - related Medicaid

- Infrequent or irregular voluntary cash contributions or gifts are excluded.
- Lump Sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.
- Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.

TN: 87-16-89-6

Supersedes

None 87-16, Supplement 5 to Attachment 2.6-A **87-16** Effective Date 10/1/87

87-16 Approval Date 1/25/88

89-6 Effective Date 1/1/89 89-6 Approve pate 2/27/92